

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		2		1		
11		1		1		
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		3		1		
17		3		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		2		1		
23	1		1			
24		1		1		
25		2		1		
26		2		1		
27		1		1		
28	1		1			
29		1		1		
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50						
TOTAL IND.	7		7			
TOTAL DEP.		28		28		
TOTAL CLAIMS					35	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy